P. O. Box 7970 Madison, Wisconsin 53707 (608) 266-1018 TDD #: (608) 264-8777 www.commerce.state.wi.us



Jim Doyle, Governor Cory L. Nettles, Secretary

IRB JOB RETENTION CERTIFICATION FORM

Under Section 66.1103 (4s) (b) Wis. Stats., a municipality may not enter into a revenue agreement with any employer that employs individuals in this state at a site other than a project site unless the employer certifies that the project is not expected to result in any lost jobs or the employer agrees to all of the following: (1) Offer employment at any new job first to persons who were formerly employed at the lost jobs. "Lost job" means an employment position with an employer that is eliminated at a site in this state other than a project site when the employer moves any part of its operation to a project site. (2) Offer compensation and benefit terms at the project site at least as favorable as those of the lost jobs; (3) Certify compliance with this subsection to the Department of Commerce, to the governing body of each municipality within which a lost job exists and to any collective bargaining agent in this state with which the employer has a collective bargaining agreement at the project site or at a site where a lost job exists; and (4) Submit a report to the Department of Commerce every three months during the first year after the construction of the project is completed. The report shall provide information about new jobs, lost jobs, and offers of employment made to persons who were formerly employed at the lost jobs. NOTE: Copies of this form may be used for compliance with (3) above.

I.	I. Project			
	A.	Employer:		
		Address:		
		Post Office/ZIP:		
	B.	Project Site:		
	C.	Other Site(s):	(Name of city, village or town where the project is located)	
			(Name(s) of city, village or town)	
	D.	D. Number of employment positions at other site(s) of the employer prior to the project:		
	E.	Is the project ex	pected to result in any lost jobs at the other site(s)? Yes: No:	
		Estimate of number of lost jobs at the other site(s):		
	(If answer to E. is Yes, complete II. A. below; if answer to E. is No, complete III. B. below)			
II.	Agre	eement (in the eve	ent that the project is expected to result in lost jobs)	
	A.	The employer h	ereby agrees to comply with s.66.521 (4s) (b) 1. Through 4. Wis. Stats.	
	Sign	Signature (employer/eligible participant):		
	Pers	erson completing this form: Phone #:		
III.	III. Certification (if the project is not expected to result in any lost jobs)			
	A.	A. The employer hereby certifies that the project is not expected to result in any lost jobs.		
	Signature (employer/eligible participant):			
	Pers	erson completing this form: Phone #:		

Please return the completed form to Wisconsin Department of Commerce, Bureau of Enterprise Development, P.O. Box 7970, Madison, WI 53707